Goal Directed Learning: Early Assessment And Individualized Education Plans for Family Medicine Interns

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Goal Directed Learning:

Early Assessment and Individualized Education Plans for Family Medicine Interns

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East Tennessee State University
**Time frame:**

- Welcome, background, objectives (5 minutes)
- Participants share experiences (15 minutes)
- Rationale, literature, our approach (20 minutes)
- Benefits and outcomes (10 minutes)
- Small group discussion (20 minutes)
- Large group debriefing (15 minutes)
- Summary and conclusion (5 minutes)
Objectives

• Articulate rationale for early assessment
• Describe process of assessment and feedback sessions
• List benefits of process based on:
  • Objective data
  • Opinion of interns over past 2 years
Handouts

- Goal Directed Learning Goals & Objectives
- Sample Schedule
- Competency based self assessment form
- Case presentation assessment checklist
- Common Ground Assessment Instrument
  - Criteria for assessment in each category
There is something you don’t know that you are supposed to know. You don’t know *what* it is you don’t know, and you feel you look stupid if you seem both not to know it and not know *what* it is you don’t know. Therefore, you pretend to know it.
There is something...

This is nerve-racking since you don’t know what you must pretend to know. Therefore you pretend to know everything.

You feel I know what you’re supposed to know but I can’t tell you what it is because I don’t know that you don’t know what it is.

R.D. Laing (adapted)
There is something...

I may know what you don’t know,
But not that you don’t know it,
And you can’t tell me.
So I will have to tell you everything.
Your experiences

• How and when do you assess your interns’ competence
• What works
• What doesn’t
Rationale

• Statement of the Problem
  • Knowing what they know
  • Need to assess baseline skills
  • Varying levels of clinical skill and experience

• Benefits of Early Assessment
  • Patient safety  Targeted teaching  Successful start
  • Identify problems early

• ACGME Core Competencies
Brief literature review

- Professionalism in Emergency Medicine (Larkin, Binder, Houry, Adams, 2002)
- Core Competencies in Integrative Medicine (Kligler, Maizes, Schachter, PSrk, Gaudet, Benn, Lee, Remen, 2004)
- Direct Observation for Assessing Interpersonal Skills (Jouriles, Emerman, Cydulka, 2002)
- Educational Interventions to Address Core Competencies in Surgery (Sachdeva, 2003)
Brief literature review

- Assessing the ACGME General Competencies (Swing 2002)
- The ACGME Core Competencies: A National Survey of Family Medicine Program Directors (Delzell, Ringdahl, Kruse 2005)
- A Counseling Practicum Curriculum to Teach and Assess ACGME Core Competencies (Dankoski, 2006)
Brief look at literature

- **Considerations**
  - What should be assessed
  - When should assessment take place
  - Who should assess resident performance
  - How should assessment be done
Brief look at literature

- Methods for assessment
  - Ratings
  - Checklists
  - 360-assessment
  - Oral exams – structured case discussions
  - OSCEs
  - Simulations
  - Portfolios
  - Direct Observation
Brief look at literature

- Wide variation in design and implementation
- Methods that include:
  - Focused assessment of residents performing clinical tasks
  - Instruments designed for the tasks
  - Task specific performance criteria
  - Training of evaluators
    Produce results with higher reliability
OSCEs, SP exams (SP checklists)
Brief look at literature

- Survey of program directors (2005)
  - Believe patient care most important competency
  - Time major barrier to implementation
  - Need for faculty development
  - PDs didn’t correctly identify evaluation tools they were already using
    - 99.6% using ITE
    - 53.3% identified it as a method they were using
Brief look at literature

- Survey of program directors (2005)
  - Active precepting 76.0%
  - Record review 72.8%
  - Procedure logs 63.8%
  - Simulations 11.1%
  - Audit of computer utilization 10.5%
  - OSCEs 9.1%
Brief look at literature

- All competencies are not created equal
  - More familiar with assessing some
  - I & CS taught through role modeling
  - Assessment subjective

- Adult education principles
  - Experiential learning
  - Reflection and analysis of one’s thinking

- Feedback
  - Detailed, specific, timely
Brief look at literature

• Direct Observation (Emergency Medicine)
  • Faculty shadows resident for 4 hours in ED
    • History taking
    • Physical exam
    • Generation of differential diagnosis
    • Resource utilization
    • Interpretation of data
    • Procedural skills
    • Charting
    • Communication skills
    • Patient care efficiency

• Faculty completes a “Direct Observation” form
Brief look at literature

- Counseling Practicum Curriculum (Family Medicine)
- Communication and interpersonal skills
  - Counsel own patient – 1 hour
  - Live supervision by faculty and peers
  - Pre-mid-post session for feedback, direction, debriefing
- Benefits
  - Experiential learning process
  - Immediate teaching moments
  - Real time assessment
Our Approach to the Problem

• How do we teach our students
  • COL
  • OSCE
  • POM
  • Communication Skills
  • Presentation Skills
Our approach...

- What has worked in the past
  - OSCE
  - ECG
  - Video recording and review
  - Self evaluation
  - Faculty evaluation
Our approach...

- What methods do we have available
  - ACGME competencies
  - Practicing medicine cases
  - Recorded communication sessions/review
  - Self assessments based on competencies
  - Human Patient Simulation
  - Faculty expertise
Before they arrive...

- They receive a packet with
  - Communication CD
    - Rapport
    - Agenda setting
    - Information Management
    - Active listening
    - Addressing feelings
    - Reaching common ground
Before they arrive...

- They also receive
  - Detailed PE handout
  - PowerPoint on ECG
  - PowerPoint on differential diagnosis
Goal Directed Learning Structure

- 2 weeks 3 interns
- 4 weeks in July
- FMS
- FPC
- Clinic
GDL Content - half day sessions

- Residency Expectations
- PGY 1 Peer Group meeting
- Clinic
- Communication Skills and OSCE
- ITE
- Competency-based Self Assessment
GDL Content

- Human Patient Simulator
- Chart review & coding
- PE - SP checklist & direct observation by faculty
- Procedures
- ECG packet
- Practice medicine cases
After completing GDL

- Intern meets with Program Director, Faculty Advisor and Psychologist
  - Go over results
  - Discuss strengths
  - Discuss growth opportunities
    - Develop specific goals and strategies for improvement
  - Competency based summary letter
Outcomes

- Introduction to our education style
- Confidence-building
- Identification of “Partners in Difficulty”
- Resident-specific educational and catch-up plan
- Improved medical knowledge
- Better prepared to care for patients
## Exam Scores

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<th>Intern</th>
<th>Step 2</th>
<th>GDL ITE</th>
<th>ABFM ITE</th>
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<tr>
<td>Intern 1</td>
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<td>370</td>
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<td>Intern 2</td>
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<td>Intern 6</td>
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<td>370</td>
<td>NA</td>
</tr>
</tbody>
</table>
Benefits

- Identification of personal strengths
- Identification of growth opportunities
- Introduction to ACGME competencies
- Communication problems (ESL)
  - Verbal, written, and comprehension
- Immersion in clinic with closer faculty guidance
- Introspection and self assessment
- Bonding and “safe place”
What was helpful about GDL

- Learned to be ‘independent’ in clinic
- Oriented IMGs to US medical system
- Decreased anxiety
- Learned how to write notes
- Introduced to coding
- Building relationships “meeting every week in July was great”
What was helpful about GDL

- Weekly PGY 1 meetings normalize the “Oh my gosh, what have I gotten myself into?” feeling.
- ITE was useful – not pleasant – but useful
- “Some of my friends in other programs still don’t know the names of the other interns” April 2010
- ECG – “didn’t know at all before GDL”
What should we add to GDL

- More orientation to hospital:
  - Portal
  - Morning report
  - Rounds
  - Go over chart
  - How to dictate – how to **press the button**
    - What to include in dictation
What should we add to GDL

- Shadow a resident (hospital)
- Discuss case managers role
- More procedural “stuff”
- Review chest x-ray
- Review CT Scan
- Write prescriptions
- More time with ICD 9 & Flash Coder
And... finally... please tell us

- GDL
- ITE
- OSCE
- FMS
- FMC
- PD
- COL
- SPs
- STFM
- EKG
- ECG
- TLA
- POM
- PID
- BFF
Small Group discussion

Additional ways to improve the process
Large Group sharing

Debriefing and collaboration
You know what you don’t know,
And I know that you don’t know it.
So we will
make a plan
to help you learn it.

And then you will know.